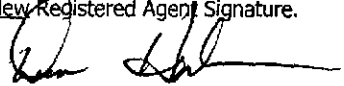
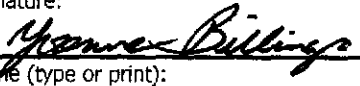


No. W 69311	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RUBY FUNDING, LLC MARK BILLINGS YVONNE BILLINGS PO BOX 191220 P.O. BOX 2596 BOISE ID 83719 USA ANTIOCH, CA 94531		NOAH FERREIRA 1905 S ADAMS STREET BOISE ID 83705 DEAN HAHN 483 S. RIVERSHORE LN. EAGLE, ID 83616 3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5">YVONNE BILLINGS, P.O. BOX 2596, ANTIOCH, CA, USA</td> <td>94531</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	YVONNE BILLINGS, P.O. BOX 2596, ANTIOCH, CA, USA					94531	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	YVONNE BILLINGS, P.O. BOX 2596, ANTIOCH, CA, USA					94531																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 69311		6. Signature:  Name (type or print): YVONNE BILLINGS Date: 20-NOV-2017 Title: MANAGER																																				

Issued 11/20/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM